FaithHealthNC
Community Health Assets Mapping Partnership: Access to Care
CHAMP

Provider-Level Workshop Report
Ashe County
September 20, 2017
Seeker -Level Report
Ashe County
September 21, 2017

CHAMP Access to Care Workshop

FaithHealthNC
A Shared Mission of Healing

Wake Forest School of Medicine

IRHAP
International Religious Health Assets Programme
ARHAP African Religious Health Assets Programme

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This report is available online at: www.faithhealthnc.org

TABLE OF CONTENTS

SECTION A

HEALTH PROVIDER WORKSHOP INFORMATION

SECTION A

1. AREA AND LEVEL

A half-day workshop, facilitated by Wake Forest Baptist Medical Center's FaithHealthNC, was offered in West Jefferson, NC at the community provider level. As a part of the Community Health Asset Mapping Partnership in West Jefferson, the workshop focused on institutional, organizational and individual health providers offering services to the population of Ashe County. **Figure 1** is a map outlining the North Carolina county of Ashe. Ashe County general demographics are listed below.

Population: About 26,924 people
Median Age: 46.6 years (national median-37.8)
Percent of Population: Non-Hispanic White=97.1% ; Non-Hispanic Black= 0.9%; Latino=5.3%; Asian=0.6%; Native American= 0.3% Two or more races=1.1%
Living in Poverty: 20.2%
High School Education: 82.2%

Figure 1

Image 1

2. DATE AND PLACE OF WORKSHOP

The Community Health Asset Mapping workshop took place on September 20th, 2017 at Bald Mountain Baptist Church, on Bald Mountain Road in West Jefferson. Bald Mountain Baptist Church offered a central location for both providers of community health services and seekers of such community services. The workshop began at 9:00 am and was completed by 12:00 pm.

3. FACILITATION TEAM

Lead Facilitators: Teresa Cutts, PhD
Emily Viverette, MDiv

Background Content and Materials Experts:

Trish Church

Diane Dixon

David Blackburn

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Registration:

Trish Church, Diane Dixon

4. PHYSICAL DESCRIPTION

The workshop was held in the Youth Ministry Room at Bald Mountain Baptist, positioned accessibly with its own entrance. The Youth Ministry Room was handicap accessible and snacks were available for participants. The Registration Table was at the back of the room where participants entered. Chairs were set up in rows facing the front of the room where an electronic map of Ashe County was presented. Two flip charts were situated next to the map. Tables arranged around the room held the activity boards, and provided additional seating for participants. **Figure 2** depicts the layout of Bald Mountain Baptist Church's Youth Ministry Room during the Community Health Asset Mapping.

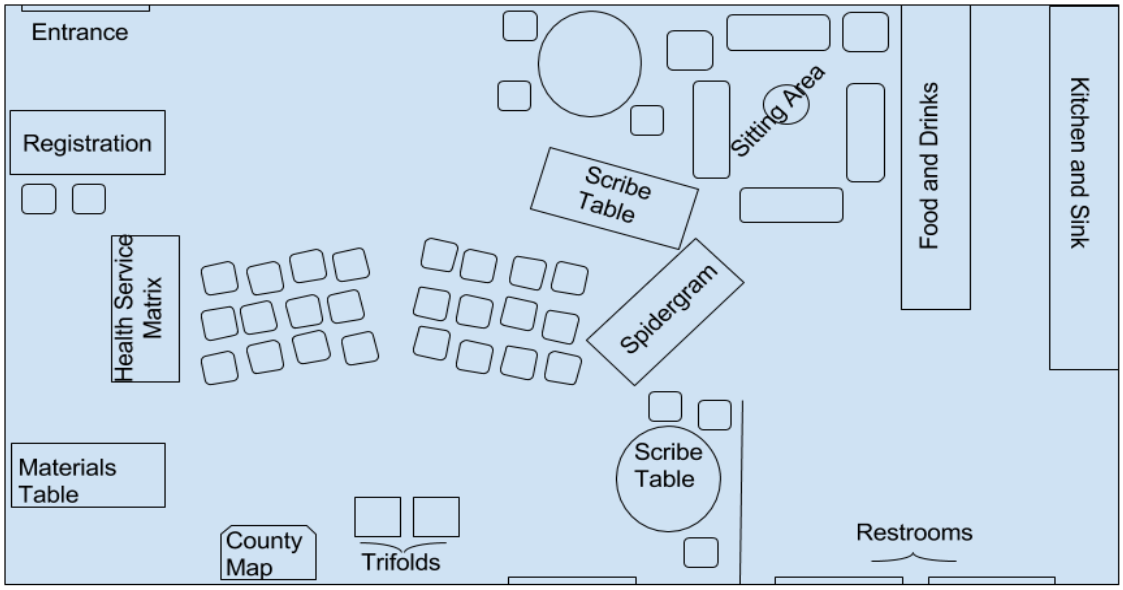

Figure 2

5. PREPARATORY WORK

Preparatory work for this CHAMP workshop included several different activities including: background research, field study, data collection, map generation, facilitation team training, workshop planning, and workshop materials preparation.

Background Research included a review of Religious Health Assets Mapping projects in southern Africa, various approaches to community mapping, and models for participatory research projects.

Field Study included a series of transect drives through the study area with team members familiar with this area and the initial identification of key assets and potential key informants. These transect drives, in combination with the insights from key informants, were used to decide the preliminary boundaries for this mapping exercise.

Data Collection included the acquisition of basic demographic, socioeconomic and psychographic data in the study area. Study staff compiled lists of known assets and interviewed key community informants.

Map Generation involved the processing and analysis data on the study area, the incorporation of these data into a geographic information system, and the generation of geographical and special representation of area information through a series of GIS maps layers.

(Ashe County Map: Provider Locations)

Facilitation Team Training occurred through team member's participation in training events, past workshops held in similar locations, and a familiarity with the CHAMP methodology and other participatory models for focused group discussion.

Workshop Planning involved identifying potential participants for the health providers workshop, developing and disseminating a letter of invitation, and following up with potential participants. Workshop staff held planning meetings weekly for two months prior to the event, sent emails, and made follow-up telephone calls during the two weeks prior to the workshop. Workshop staff also identified the appropriate site for the workshop and secured lunch for participants and staff members.

Workshop Materials Preparation included the printing of materials to be handed out, the packaging of these materials, and the organization of all the materials needed for the workshop exercises (for example, large pieces of paper, post-it notes, writing utensils, flip charts, and gift cards).

6. PARTICIPANTS

Upon registration, each participant was asked to document their address and contact information, gender, race and/or ethnicity, marital status, age, level of completed education, occupation and/or school, church affiliation and the length of time they have lived in Ashe or Watauga Counties. In addition, each participant signed an informed consent form.

Fifteen participants registered and represented a variety of community health care providers within Ashe County. Fourteen participants identified as White/Caucasian, and one participant did not identify his/her race/ethnicity. Nine participants identified as female, and five identified as male, and one participant did not identify their gender. Three participants hold Bachelors' degrees and six other participants hold Master's degrees. One participant has some college experience, and two have Associates Degrees. One participant had a high school education, and two participants did not identify their educational level. The average age of participants was forty-seven years old, with a range from 30-69 years. The average time participants reported having lived in Ashe or Watauga Counties was 24 years, with a range from 1-60 years.

7. INTRODUCTION TO WORKSHOP

The workshop commenced with an introduction from Diane Dixon, who gave thanks for everyone participating, and expressed hope that the time would be informative and that participants would feel free sharing. She provided an introduction to FaithHealth via brochure, and gave an invitation to participate in the work of FaithHealth.

Interfaith prayer was offered by Rev. Leland Kerr, from FaithHealth. Rev. Kerr gave thanks to Pastor John Elledge for provision of the space and willingness to participate. He then offered prayer for God to lead all the participants with open minds, and to guide them. He gave thanksgiving for the beauty of the space, for God's creative power and for the sharing that would take place. Rev Kerr gave thanksgiving for each agency that was present and for the work which God has called them to do, and for all the lives that are touched through their work. Rev. Kerr then introduced the facilitators, scribes, and supportive participants.

Following the invocation, the facilitation team conducted introductions and described the purpose of the event. Lead facilitator, Dr. Teresa Cutts ("TC") introduced herself as a professor of public health science. She provided the background of the Community Health Asset Mapping Partnership (CHAMP) program, and its occurrence in other areas across the region and internationally. CHAMP was derived

from the Participatory Inquiry into Religious Health Assets, Networks, and Agency (PIRHANA) Model. PIRHANA is a research model developed by Dr. Gary Gunderson, Dr. James Cochrane and Dr. Deborah McFarland in South Africa that focused on identifying positive health assets present within communities in the midst of the HIV/AIDS epidemic within sub-Sahara Africa. The objective of CHAMP facilitated by FaithHealthNC is to translate the PIRHANA research method for North Carolina communities to discover positive health and faith based assets within their respective counties and regions. Access to care was defined to go beyond formal structures and to include affordability, resources, physical proximity, and acceptability of services by the community. For most people, health is predicted by where they live, work, play and worship.

The participants within these workshops on both the community health provider level and the community health seeker level contribute their knowledge and community understanding in a variety of activities and exercises throughout a half-day workshop.

The participants of the workshop were then asked to stand and introduce themselves, their organizations, institutions or ministries and the role they play within their organization, institution or ministry. They shared their challenges, their objectives and their joys in regard to serving those within the community. As each participant shared their organizational, institutional, or ministerial affiliation, a sticky note was placed on a map of the target county to document where they are located within and around the community.

SECTION B

PROVIDER ACTIVITIES

SECTION B

1. COMMUNITY MAPPING

a. OBJECTIVE

The purpose of the community mapping activity was to provide an idea of the footprint of the organizations and ministries: their location within the specified counties, and their proximity to one another. The mapping exercise provided a greater awareness of which organizations are present in Ashe County and helped to note gaps in the community.

b. METHOD

Participants were asked to stand and introduce themselves, their organizations, institutions or ministries and the role they play within their organization, institution or ministry. The participants then placed the location of their service on a large map of Ashe County. After the sticky notes were placed on the screen, each organizational representative spoke on the services their particular organization offered. They shared their challenges, their objectives and their joys in regard to serving those within the community.

c. DISCUSSION

As each participant was speaking, they were affirmed by those listening and clearly began to develop relationships with other participants. The provider participants represented 24 different services offered in the greater "High-Country" region. As each participant placed their organization on the map, participants had the opportunity to hear about each organization and ask questions about the functions of various organizations in the community. While most participants acknowledged an awareness of the various organizations, there were specific questions posed about the particular services offered to those in the community.

In reflective analysis of the map, various participants noted the lack of resources for mental health and transportation. One participant noted that Ashe County has been identified as a "Mental Health Provider Desert". Such reflection evolved into a dialogue about the organizations in the community not present in the mapping conversation.

Organizations that were not represented at the workshop included Daymark, Northwest Regional Housing Authority, CareNet of Wilkes, Seby B Jones Cancer Center, Ashe County Transit Authority, and Mountain Hearts. It was also noted that a fair number of participants who were invited were unable to attend.

2. HEALTH SERVICE MATRIX

a. OBJECTIVE

The Health Service Matrix activity aimed to document each agency's top two primary roles within the community. The exercise helped develop an overview of the way in which local entities contribute to health services and described services which are heavily provided as well as identified gaps of services.

b. METHOD

Participants placed the name of their organizations on a large chart at the front of the room. They were asked to classify their organization as faith based, for-profit health services, government/federally-qualified healthcare, or not-for-profit. They then classified their organizations' three primary areas of engagement.

c. DISCUSSION

The majority of organizations present identified themselves as not-for-profit organizations and few identified themselves as government/federally qualified health services. Only two organizations present identified themselves as for-profit community health services. Ten organizations present engage in prevention education; six engage in case-management; three engage in nutritional assistance; six engage in advocacy; two engage in counseling; two engage in pharma/medication assistance; none provide device assistance; two engage in in-patient care; two engage in out-patient care; two engage in chronic care; eight organizations offer "other" services. No organizations present engaged in physical activity support, however on reflection the group added Mountain Hearts as an agency that provides that type of care.

As the participants analyzed the chart they created, they noted that Ashe County has a strength of providing nutritional services that is not reflected by the matrix. It was also noted that "physical support" had been put into the category of "case-management" by some providers. It was mentioned that the lack of physical support services had been a concern raised at the last NC Baptist Convention. It was noted that free yoga classes are taught weekly. A concern about difficulties with transportation was raised again, with a mention of associated financial concerns that individuals may have.

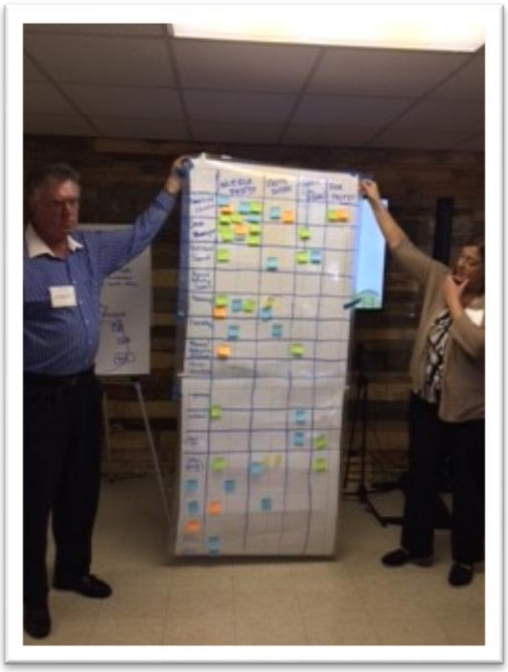

Table 1 that follows displays the matrix demonstrating the various organizations, the sector in which they identify themselves and their primary areas of engagement within the community.

	Not for Profit	Faith Based	Government (Including FQHC)	For Profit
Prevention/ Education	a) Coalition for Homeless b) ACPC: A Safe Home For Everyone c)ACPC: Early Childhood Education d) ACPC: e) Triple P Parenting f)ACPC: Family Foundations	a) MMMA b)Ashe Really Cares		a) Medi Home b) Ashe Medics

Case Management	a) ACPC: Family Foundations) Caldwell Hospice c) ACPC: A Safe Place for Everyone d) Seby B Jones Cancer Center e) ACPC: Triple P Parenting f) DSS		a) DSS (Medicaid, Food Nutrition Services, Transportation	
Nutritional Support	a) ACPC: Family Foundations		a) App Healthcare b) DSS (Food Nutrition Services)	
Physical Activity Support	a) Mountain Hearts(added during conversation)			
Advocacy	a) Caldwell Hospice b) Seby B Jones Cancer Center c)Coalition for Homeless d) ACPC: A Safe Place for Everyone	a) FaithHealth b) Baptist Chapel		
Counseling	a) DSS	a) Baptist Chapel		
Pharma/ Medication Assistance			a) DSS (Medicaid)	a) Medi Home
Device Assistance				
Outpatient	a) Caldwell Hospice			a) Medi Home
Inpatient	a) Caldwell Hospice		a) App Healthcare	
Chronic Care			a) App Healthcare	a) Ashe Medics
Other (Write in)	a) ACPC: Triple P Parenting, and early childhood education b) DSS: Protection c) Seby Jones Cancer Center: Emergency	a) FaithHealth: Transportation/ Community Referrals b) Ashe Really Cares: Food/ Clothing		a) Medi Home: Medical Care in home b) Ashe Medics: 911 response

	Financial Assistance d)			

3. SOCIAL NETWORK MAPPING

d. OBJECTIVE

The objective of the third exercise was to create a picture of the ties, networks, and links between the various entities present. The exercise helped describe the connections to wider institutions and facilities that play a role in the local behavioral health service provision. It also provided data regarding important relationships that contribute to the success of health service delivery.

e. METHOD

The third activity was centered on drawing connections via a spidergram chart. Representatives of present organizations were asked to draw their organizational connections with other local organizations. If organizations partner, meet with, or network, a line was drawn with a "red" pen. If organizations are connected via financial resources such as funding, their connection was drawn with a "green" pen. If organizations saw a potential beneficial relationship they drew a line in "blue."

f. DISCUSSION

In reviewing the spidergram chart, participants noticed that the diagram showed many lines of connections between providers. However, there were only a few green lines that connote relationships in which money is exchanged. It was noted that there is significant support from local churches.

3. HEALTH AND WELL-BEING INDEX

a. OBJECTIVE

The fourth activity entailed a two-part brainstorming. Part I consisted of the participants brainstorming the two factors they personally believe are most important to the health and well-being of those who seek healthcare. Part II consisted of two factors their organizations believe are most important to the health and well-being of those seeking health services.

b. METHOD

On two separate notecards, each participant was asked to write two factors they believe are most important to the health and well-being of those who seek health services. Each participant's notecards were combined and shared. After sharing the notecards, participants were then asked to vote on what they personally felt were the most important factors out of the original list. In Part II of this activity, each participant was then asked to document two factors their organization feels are most important.

c. DISCUSSION

The following list, separated into seven categories, includes the items shared after participants initially shared the factors they felt were most important:

1) Transportation – Ability to travel to appointments, or to have providers travel to those in need
2) Accessibility – increase in the number of clinics, including funding and building trust
3) Geographic Locations – where clinics are located in relationship for those being served
4) Collaboration – interagency communication
5) Education- Health literacy as well as addressing stigma
6) Food Supply – nutrition resources
7) Volunteers to Fill the Gap – use of faith communities and individuals to "fill in gaps" of care

Out of the abovementioned list of factors, participants were then asked to vote on the top factors they felt are most important to the health and well-being of those who need better access to care. The following list is the top factors voted upon:

1) Transportation
2) Accessibility
3) Geographic Locations
4) Collaboration
5) Education
6) Food Supply
7) Volunteers to Fill the Gap

Question	Results
"What do you believe to be the most important factors regarding the health and well-being of those seeking behavioral health services?"	1. Transportation 2. Accessibility

After the second chart was created, the group observed that the ability to get to their appointments was the most important factor for those seeking health services. A discussion took place around the use of the local transportation system, and the limits involved with funding.

1. COLLABORATION CONTRIBUTION GRID

a. OBJECTIVE

The objective of this exercise was to identify existing and potential collaborative partnerships and shared resources. This activity sets the foundation for next action steps in terms of strengthening partnerships and building capacity.

b. METHOD

Collaboration contribution grid forms were handed out to representatives of the organizations present at the workshop. Participants had the opportunity to complete their forms individually. After their forms were completed, they were submitted at the end of the workshop.

Tables 2-12 depict the various organizations present, the organizations in which they have existing partnerships, and organizations in which they would like potential partnerships. Participants also

listed contributions they could potentially make to their partnership organizations and contributions their partnership organizations could make to them.

Tables 2-12

App Healthcare				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Ashe Really Cares		✓	Could take referrals for primary care, case management, insurance needs	Refer to for food needs/clothing/ spiritual needs
Seby Jones Cancer Center		✓	Could take referrals for primary care/affordable	Need for referrals to for chronic patients with cancer: low income
A.S.H.E.	✓			
Ashe EMS	✓			
Medi Home Health		✓	Referrals	Referrals
Caldwell Hospice			Referrals	Referrals
Ashe DSS	✓			
Ashe Sheriff's Department	✓			
FaithHealth NC	✓			

Ashe Baptist Association				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Partnership for children	✓		To represent faith communities	Clients
DSS	✓		To represent faith communities	Clients

Ashe Medics				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Health Department	✓		CP program	Guidance
AMH	✓		CP program	Collaboration

Ashe Co. Partnership for Children				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Sheriff's Office		✓	Help with child. Be a support	-Information on Tip411 -Speak to clients
DSS	✓		Info to them if there is something to report	Get referrals from them

App Healthcare	✓	✓	Refer clients for dental program and healthcare	Clients who may struggle with family issues(children)
ARC	✓		Send clients there to shop for food/clothes	
CDSA	✓		Refer children if there is speech or physical delays	Refer their clients if there is an educational need in the home.

Ashe Really Cares				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Caldwell Hospice		✓	Help families that needs food	Referrals
Seby Jones Cancer Center in Watauga		✓	Help someone who has cancer to have enough food	

Caldwell Hospice and Palliative Care in the High Country				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Ashe Really Cares		✓	Possibly participate in fundraisers	Help with referrals for patients and families
RUOK? And Tip411		✓	Work with department for any noticed concerns	Assist with patients who do not have any family nearby
Medical Missions Ministry		✓	Maybe do workshops or trainings with nursing staff	Access to healthcare providers
Seby Jones Cancer Center	✓		Attend meetings/ appointments with patients	Collaborations regarding our current hospice patients
Ashe Memorial Hospital	✓		Follow patients in their care-particularly after discharge if desired	Referrals for Hospice care if desired by patient

Department of Social Services				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
FaithHealth	Introduction	Awareness	Services for Elderly Services for families, children Payment for medical assistance Food and nutritional benefits	
Food Pantries (Banks)	✓		Food Drive	Assistance to clients when in need

DSS				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
FaithHealth	not yet	✓	1)Medicaid Access 2) Food Stamps 3) Investigation of abuse	1) Transportation to nonmedical needs
Appalachian Health	✓		1)Medicaid Access 2) Food Stamps 3) Investigation of abuse 4)Referrals	Case management collaboration

Emergency Medical Services	✓		1) Referrals 2) As payee, paying the bills for individuals	1) "Heads-up" of needs in the community 2) Case management discussions 3)Discussions of an individuals medical needs

FaithHealth				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
EMS		✓	Follow up assistance w/h referrals, volunteers, transportation	If it's legal—referrals
Sherriffs Department	✓		Follow up assistance w/h referrals, volunteers, transportation	If it's legal—referrals
Mental Health		✓		Education on how to make referrals or service they can provide to our patients
Health Department	✓		To offer any follow up on patients	Needing a meeting on how to make more referrals and income based info/guidelines

FaithHealth-Ashe				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
Sheriff (Not Alone)	✓		Help if needs are identified	Collaboration
Social Services (outreach services)	✓	✓	Like to understand services of outreach	
AMH	✓	✓	Collaboration on needs More involvement	
Carol Scott Medical Missions Ministry		✓	New area clinic	

Medi Home Health and Hospice				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
FaithHealth	✓		More skilled care in the home, nursing, sw, pt, ot, st	Referrals for Home Health and Hospice

Sheriff Department		✓	Provide skilled care to homebound people, medical assessments	Referral to Home health/Hospice when homebound people fall, are injured, ill, medication management
Health Department		✓	Provide skilled care to homebound people, medical assessments	Referral to Home health/Hospice when homebound people fall, are injured, ill, medication management
Ashe Really Cares		✓	Provide health and safety assessments to their clients	Referrals to people who may be undernourished, have a difficult time leaving home
EMS		✓	Provide follow up care after ED visits	Referrals to Patients who are unable to drive to medical providers, helps prevent unnessasary ED visits
Seby Jones Cancer Center	✓		Medi has several patients who are patients here	Provide home medical assessment, medication education, safety assessments

MMMA				
Name of Other Organization	Existing Partnership (Check if Yes)	Potential Partnership (Check if Yes)	Contribution you are or could potentially make	Contributions you receive or would like to receive from this organization
FaithHealth		✓	Volunteer Services	Notification of local needs- Opportunities to serve

ARC		✓	Volunteer services / Funding	
Bald Mountain Baptist	✓		Local ministry opportunities	Funding
Pregnancy Care Center	✓		Funding/Volunteer Services	
Medi-Home Health Hospice			Volunteer Services (personal)	

a. DISCUSSION

Participants were asked to identify which organizations they felt were exemplary in their community, and why. The agencies identified were, the Sheriff's Office, Ashe Really Cares, EMS, School Based Health Center, and App Health Care. Both the Sheriff's Office and EMS were identified as exemplary because they "Go where the need is." Ashe Really Cares was identified as helping to reduce food insecurity from 1/4 of the county to 1/6. They were also noted to "walk along side" their participants, providing dignity and respect, and spiritual support. It was also noted that Ashe Really Cares is very collaborative with other agency communities. The School Based Health Center was identified of caring for all Middle School children, and for helping to reduce absenteeism both for students and their families. It was also identified as a "safe place" for children to go if needed. App Health Care was identified of providing care, including Dental, to the underserved. They were noted to "go the extra mile" to provide resources, including translators.

4. LOCAL ACTION

a. OBJECTIVE

The final exercise helped identify next steps for collaborative partnering, understand the next steps in the community, and share the date of the follow-up meeting.

b. METHOD

At the end of the workshop, the facilitators asked all participants, "What do you think should be done to take this process further?" Many participants responded about what they would like to see re: collaboration between health services as an outcome of the workshop, and what they would like for providers of the community to pursue collectively.

c. DISCUSSION

Next Action Steps:

- Development of a resource guide: include referral criteria for each agency
- Identify ways to develop an organization grid which is either online or "quick access"
- Determine how other agencies are currently collaborating, and make contact with them: i.e. Ashe Health Alliance, and Collaborative Resource Connection
- Identify ways to communicate through distance, i.e.: teleconference
- Speak with Ashe County Transportation Authority around transportation needs
- Identify sources of reluctance in utilizing transportation options available: Ashe has largest transportation budget in state
- Invite representatives from ACTA and Veterans Administration

SECTION C

SEEKER LEVEL REPORTING

SEEKER DATA

In follow up sessions after the Provider workshop, twenty two (22) Seeker respondents offered their input to trusted liaisons from the community, representing Ashe Really Cares, and FaithHealth. Interviews were conducted on September 21st, and either oral or signed consent was obtained from participants. No Personal Health Information was gathered. The basic demographic information concerning these Seekers will be presented here in aggregate. Seeker information was captured on site from representatives of the organizations noted above. There were 20 Caucasian Seeker respondents, and 2 Hispanic respondents, with 19 females and 3 males. The estimated age range was 45-59.

General themes of responses are noted below, broken into these general categories: Needs, Gaps in Service, Exemplary Programs, and Advice from Seekers (which is advice directed to authorities, policy makers, law makers, criminal justice staff, legislators and others who allocate resources). The Seekers' responses are compiled, collectively, below. These responses are reported in the vernacular of the respondents, with only minimal editing.

NEEDS

General themes included:
Access to dental and eye care, housing, limits related to Medicaid, food quality and access, communication between providers, transportation, financial assistance

Wait time to see physician
Hospital wait times are too long
Elder care: transportation for the elderly

Improving ER services for mental health
Better choices in physician coverage
Dental care
Eye glasses
Patient advocate should have written consent to call pharmacy
Counting anxiety meds wrong-- Dr. Callahan
Better food/Health food

Cost too much for healthcare- period!

Food to be healthy with
See physician approx. every three months/Ashe Memorial
Need Dental care

All healthcare is based solely on income no necessarily on need: ex: Daymark
Medicaid without children hard to access

Affordable housing
Dental care
No affordable vision care

More food pantries

Pain clinic in Ashe County. Pt have to travel to Charlotte or Elkin

VA set up appointment with Health Department-Medication problem
Not good communication between Health Department and VA

Lack of Jobs
Medicaid
No issues getting to doctor

Difficult to find a physician- who understands, Nurse Practitioner not as knowledgeable
Housing-Low income, Rent too high

Medicaid- Dr.'s appointment easy to get too
Disability- Dr,'s appointment easy to get too
Housing issues- cost $600 plus, unable to afford

Financial issues- cost to see physician
Health insurance very expensive
Medicaid- Pregnancy covered

Medicaid & Medicare
Disability

Light- Electric Bill, Fuel oil
Medicaid so things covered

No problem because of NCBS insurance
Have a family doctor

Dental care access

Dental care issues- Hispanic
Struggles to translate if no one available
On Medicaid- gets care

Medicaid- hard to get appointment with Dr

Low income but cannot get any help in health being in between-mid

Individual has to meet a lot of guidelines to qualify for care

Transportation- Dr. in Boone, upper end of county

GAPS IN SERVICE

General themes include:

needing dental and vision care, difficult finding providers who take Medicaid, travel outside of county for specialists, lack of affordable housing and continuity of care across providers, housing, food, and transportation needs.

Excessive wait times

ACTA Transportation
Housing- HUD confidentiality
Practices with domestic violence and sexual assault

Dental care- need for more
Food

Medicaid standards/requirements need to be lowered for low income families

Assistance for age groups 50-60

Affordable housing, accessibility to HUD

Transportation to medical care facilities
Mobile healthcare
ACTA is too expensive

Pain clinic needed
Dental oral surgeon with Medicaid (sent to High Point)

Dental- health department filling this need

Eye glasses and dentures Medicaid does not cover

Specialists out of county hard to get transportation
Not a lot of providers/Doctors to care for number of patients
Follow up not as good in physician offices

Dentist- Ashe none available but travels to Boone because they take Medicaid
Difficult access to dental

No glasses coverage for eyes
Covered due to Medicaid

Dental- lack of

Vision: Eye examination, glasses hard to afford

Affordable care no income- Hispanic

Trouble trying to find a place to live- Availability

No issues

No family physician due to no one taking Medicaid

Unable to get appointment

Doctors not taking Medicaid or new patients
Outside of transportation issues

Hard to find doctor here because of no insurance

EXEMPLARY ORGANIZATIONS

Ashe Really Cares (where many respondents receive services) was the top exemplary, followed by the Sharing Center, Riverview Community Center, DSS, and Jefferson Methodist.

Ashe Really Cares (19) - food and clothing
Sharing Center (11) - food
DSS (5)- meds, electricity
Riverview Community Center (5)- food
Jefferson Methodist (4) - food ministry
Safety House
Churches (2) - assisting with electricity vouchers
BROC- (2) serves children and elderly, clothing
Salvation Army- clothing, electricity
Goodwill- better pricing
Generations – Adult day care funding

The following grid shows a comparison of Exemplary organizations named by both Providers and Seekers. Ashe Really Cares was named by both as an exemplary organization.

Providers	Seekers
Ashe Really Cares	**Ashe Really Cares**
Sheriff's Office	Sharing Center
App Healthcare	DSS
EMS	Riverview Community Center
School Based Health Program	Jefferson Methodist

ADVICE TO AUTHORITIES

General themes included:

Need for dental and optometric care, need for resources for the homeless and mentally ill, care for those who do not meet criteria for Medicaid or Medicare, better communication between providers, to address the drug problem in Ashe County, and generally more availability of providers.

Physician access/wait
Dental Care
Vision-optometry needed

More services to the homeless community
Need for mental illness follow up and care

Dentists and physicians donate more time and services

Health department- continued care with familiar physician
Dental care- free or reduced

Need for homeless shelter

Hospital has improved but referrals with Medicaid and HUD wait times are too long
Law Enforcement- Help with the drug epidemic in Ashe

Law Enforcement staying safe
Improve transportation system
Homeless shelter needed

Long referrals process on pt. with multiple medical problems
Insurance red tape on Medicare Part D and Medicaid

Sheriff- to get rid of drugs in county
Hospital- better equipment/better care
ARC- help with carrying out food when short of breath

Law Enforcement needs more pay-to help with drug problem in county
Outside county for care- foot, heart issues

Money and Time into mental health
Primary care- lack of overall knowledge-referrals-more communication
Medication errors-one doctor not knowing other meds from another doctor

Children need dental access and coverage

Health insurance- costs and coverage
Disaster assistance for those emergency needs
More funding for homeless all over county
Doctor's visit hard

Medicaid

More physicians taking patients
Need to be able to access but middle age so no assistance
Not a "free" clinic if you still have to pay for something

Program for middle class; no help often just above qualifications
Husband out of work, applied for food stamps, took a month and then only qualified for one month

Medicaid no help because too young to qualify without children but not old enough to get help

Access to insurance and cost of Doctor bills so high

Follow Up Session

The Follow Up Session was held from 1-2:30 p.m. on Monday, Oct. 30, 2017 at Bald Mountain Baptist Church.
Fourteen people attended the meeting (10 Female, 4 Male; All Caucasian). Only four had not been present at the original Provider Mapping workshop on Sept. 20, 2017.

After presentation of the highlights of the workshop and interview findings, the participants were asked to respond to the following questions.

Based on the findings you heard today:

- *What stands out most strongly for you?*
- *What similarities/differences and potential alignments do you see between Providers and Seekers?*
- *What might be additional next steps?*
- *How would **YOU** be willing to help all of our county and stakeholders move forward on the ideas we talked about today?*

Responses and Comments are found below.

It was clarified that Ashe Really Cares was the Seeker interview site, and the sites where these events were held do tend to bias responses.

What stands out most strongly to you?
I wasn't surprised, as much of this was old knowledge- not something we didn't know. However, the data pointed out that it is true.

I was surprised that the Ashe Pregnancy Care center was not mentioned. Its goal is to assist in early years of childhood.

Depressing when we were doing the survey was finding the early age of adults who have that gap of not being able to get what they need.

We have many physicians that do not take new patients, or Medicaid.

Physicians are reimbursed on a point system, which de-incentivizes them to take socially complex patients. It's the reason why so many are not taking new patients in those cohorts.

I had no idea that there was a homeless "city" or population that fly under the radar (about 50 homeless in county) or only come out if they need care. The county opted not to build homeless shelter here, partnering with Watauga County shelter (Hospitality House in Boone, 5 county resource) or Wilkes County resources instead. Interested in preventing homelessness versus funding a shelter, or apartments directly. Can call the hospital and get a room for the night. Sometimes when there is word on the street that resources are provided "word gets out" and there is an increase in the homeless population.

What similarities/differences do you see between Providers and Seekers?

"Family Central" refers car seats to Ashe Medics
DSS has a dental clinic now- located behind the old courthouse. Not sure about criteria- they take insurance, and uninsured. The dentist is scheduled a few months out. (App Healthcare is the same as Health Dept.)
Lions club does some eye care, but much less eye care treatment than in prior years.
Medi Home Health had a Dentist (Mountain Town Dentist) and Eye Screenings. Folks did not turn up the way they expected; probably 50 people came through.

What might be next steps?
Utilizing and increasing the connections with Faith communities, vis-a-vis Parish Nursing, or other networking

Really need to spearhead making that resource guide updated (last updated in 2009). Contacted local high school to see if Computer Science could update the resource guide as a project- hasn't heard back yet

High school students need so many volunteer hours (15 kids available from 1-3 daily to help (call Diane, and she will connect them with people in need)

See if Medical Missions team can provide more resources/clinic in Northern part of county

Use the Seeker data to figure out what we can do to help them? How can FaithHealth plus the Community make this work?

How can we make our system of care more precise and applicable?

Can it be set up that it is an ongoing update through school students?

Could the parish nurse program train the student volunteers as community health workers?

HOSA organization (Health Occupation Student Association) might be useful in this work.

Hospital has applied for grant for Para-medicine to go into homes

Many people have unforeseen needs, churches are very helpful and DSS. With knowledge of the community, can call the local churches for assistance

Folks call DSS for things which they don't provide. What would it be to have a network of people to call during off hours, to care for those that need support, and can be called for needs that are outside of the DSS parameters?

"List of 'Honey Do's'": Spread out the work among more volunteers.

Diane- Get final info together, review what you do have, and identify major issues, will keep things moving along with the book, and take the time to prioritize and talk again. Proposed meeting in February with open communication via e-mail and calls between now and then.

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